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DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	Agere-6 (Baines 1-3-7)
	First Named Inventor	Donald A. Baines
	COMPLETE IF KNOWN	
	Application Number	Not yet assigned
	Filing Date	Herewith
	Art Unit	Not yet assigned
	Examiner Name	Not yet assigned

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SCANNING WIRELESS OPTICAL MOUSE

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

DECLARATION AND POWER OF ATTORNEY
Utility or Design Patent Application

Power of Attorney:

As a named inventor, I hereby appoint:


John C. Pokotylo (Reg. No. 36,242)
Michael P. Straub (Reg. No. 36,941)

as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office in connection therewith.

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DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label	26479	OR <input type="checkbox"/>	Correspondence address below
Name Straub & Pokotylo					
Address 629 Tinton Avenue, Bldg. B, 2 nd Floor					
City Tinton Falls, NJ		State NJ		ZIP 07724	
Country USA		Telephone (732) 542-9070		Fax (732) 542-9071	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Donald A.		Family Name or Surname Baines			
Inventor's Signature <i>DBaines</i>				Date 9/12/03	
Residence: City North Wales		State PA		Country USA	
				Citizenship Jamaica	
Mailing Address 155 Raven Hollow Drive					
City North Wales		State PA		ZIP 19454	
				Country USA	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any]) Jack Kratzer		Family Name or Surname Keller			
Inventor's Signature <i>Jack Kratzer Keller</i>				Date 9/12/03	
Residence: City Zionsville		State PA		Country USA	
				Citizenship USA	
Mailing Address 6536 Sweetbriar Lane					
City Zionsville		State PA		ZIP 18092	
				Country USA	
<input checked="" type="checkbox"/> Additional inventors are being named on the ..1... supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

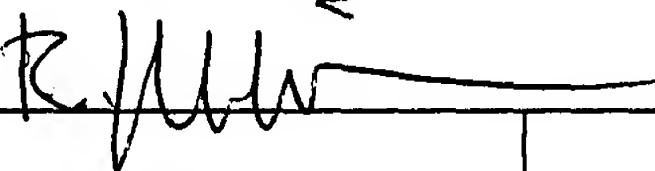
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Modified PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION AND POWER OF ATTORNEY	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 4 of 4
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Russell Mark		Richman	
Inventor's Signature 		Date 12 Sep 03	
Residence: City	Schnecksville	State	PA
Country	USA	Citizenship	USA
Mailing Address 4081 Brighton Court			
Mailing Address			
City	Schnecksville	State	PA
ZIP	18078	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	
Country		Citizenship	
Mailing Address			
Mailing Address			
City		State	
ZIP		Country	

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